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ABSTRACT

This document contains a report from the North Carolina Task Force for the Prevention of Substance Use Among Pregnant Women, a task force established to develop a long-range plan to decrease infant death and disability due to exposure to toxic substances in utero. The executive summary identifies four major problem areas which negatively affect prevention and treatment efforts: (1) lack of substance abuse prevention and treatment services for women; (2) absence of programs that meet the needs of substance using/abusing pregnant women; (3) lack of a system which facilitates the interaction of human service personnel who serve women in their child-bearing years and human service personnel concerned with the prevention and treatment of substance abuse; and (4) lack of awareness on the part of professional workers and the general public of the problems posed by maternal use of toxic substances during pregnancy. This report contains recommendations and strategies developed by the task force to address problem areas associated with substance use during pregnancy. Recommendations are included under five categories: treatment, education (kindergarten to college, health and other helping professionals, direct service providers, and general public), social services, legislative issues, and data base. Seven appendices include: a list of local health departments; Oregon's proposed program standards for treatment of women; and area mental health, developmental disabilities and substance abuse programs. (NB)

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Substance Use Among Pregnant Women

The Report of the Task Force for the Prevention of Substance Use Among Pregnant Women

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April 1990

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EXECUTIVE SUMMARY

The Task Force for the Prevention of Substance Use Among Pregnant Women was established to develop a long-range plan to decrease infant death and disability due to exposure to toxic substances in utero. Members of the Task Force represented twenty-two organizations:

- The Secretary's Office, N. C. Dept. of Human Resources
- The Office of Volunteer Development, N. C. Dept. of Human Resources
- Project Enlightenment
- The Developmental Evaluation Centers
- N. C. Council on Developmental Disabilities
- Substance Abuse Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, N.C. Dept. of Human Resources
- Youth Advocacy and Involvement Office, N. C. Dept. of Administration
- Division of Epidemiology, N. C. Dept. of Environment, Health and Natural Resources
- Robeson Health Care Corporation
- N. C. Council on the Status of Women, N. C. Dept. of Administration
- March of Dimes Birth Defects Foundation
- Division of Student Services, Alcohol and Drug Defense Program, N. C. Dept. of Public Instruction
- Governor's Council on Alcohol and Drug Abuse Among Children and Youth
- Dept. of OB/GYN, UNC-CH School of Medicine
- Clinical Research Unit, Dorothea Dix Hospital
- Departments of Pediatrics and Psychiatry, Duke University Medical Center
- Child Protective Services, Division of Social Services, N. C. Dept. of Human Resources
- Office of the Lieutenant Governor
- N. C. Drug Cabinet
- Division of Economic Opportunity, N. C. Dept. of Human Resources
- Division of Maternal and Child Health, N. C. Dept. of Environment, Health and Natural Resources
- Division of Medical Assistance, N. C. Dept. of Human Resources
- N. C. Association for Children of Alcoholics

Through lengthy discussions and brainstorming sessions, task force members have become more aware of the problems and barriers to service. Four major problem areas which negatively impact prevention and treatment efforts were identified:

1) Lack of substance abuse prevention and treatment services for all women, particularly those who are pregnant or postpartum, in North Carolina. Currently, most of the substance abuse services are designed for men.

2) Virtual absence of programs that meet the needs of substance using/abusing pregnant women. One of only very few such programs in the nation is in Robeson County. (A description of that program may be found in Appendix A.)

3) Lack of a system which facilitates the interaction of human service personnel who serve women in their child-bearing years and human service personnel concerned with the prevention and treatment of substance abuse.

4) Lack of awareness on the part of professional workers and the general public of the problems posed by maternal use of toxic substances during pregnancy.

This report contains recommendations and strategies developed by the task force to address problem areas associated with substance use during pregnancy. Recommendations fall into five categories:

1) Treatment

2) Education
   A. For kindergarten to college age students
   B. For health and other helping professionals
   C. For direct service providers
   D. For the general public

3) Social Services

4) Legislative Issues

5) Data Base

It is our hope that these recommendations will result in fewer infant deaths and disabilities due to exposure to alcohol and drugs in utero.

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I. TREATMENT

A. DEVELOP A STATEWIDE NETWORK OF OUTPATIENT, INPATIENT, HOSPITAL, AND RESIDENTIAL TREATMENT SERVICES FOR PREGNANT WOMEN AND THOSE AT RISK OF PREGNANCY. SERVICES SHOULD FOCUS ON THE SUBSTANCE USE PROBLEMS OF WOMEN IN COMBINATION WITH THEIR PRE- AND POST-NATAL NEEDS ASSOCIATED WITH CHILDBEARING.

1) Identify substance abuse needs and treatment services, including payment options, which are available to pregnant women and all women of childbearing ages.

Rationale
Before a network can be established, all program elements and unmet needs must be identified. During discussions, it became clear that there are major gaps in treatment services, particularly for pregnant women. However, existing agencies can begin to work together to remedy these deficiencies. A survey of existing services, unmet needs and payment options is necessary to develop a comprehensive, rational plan.

2) Identify and begin to resolve barriers to serving pregnant women in existing substance abuse treatment programs.

Rationale
There are many current barriers to services. These barriers include no provision of prenatal care while women are in treatment; treatment facilities which do not accept pregnant women; and health professionals who do not have the ability to properly assess use/abuse addictive issues during pregnancy. Through a series of interagency agreements and training, these barriers can be removed.

3) Develop residential substance abuse treatment programs in 10 regions targeted to pregnant women and their children. Outpatient substance abuse services to pregnant substance-using women must be available to all 41 area mental health/developmental disabilities/substance abuse centers.

Rationale
Because this issue affects mother and child, it is imperative that services be established and available in communities close to where women live in order to ensure access. North Carolina is a large and rural state. Historical precedent has demonstrated that proximity to services increases use of those services.

4) Begin to implement a system of cross training of professionals; base training on a curriculum developed by a multidisciplinary team.

Rationale

In order to provide good services and maximize their use, health care professionals involved must be cross trained. The various disciplines must appreciate and understand each other's problems and learn to work together to serve this population. A team approach with regional committees would be most appropriate to work toward improved understanding of the issues and needs critical to the delivery of these services.

5) Hire and co-locate a team of workers for 10 joint pilot programs between maternal and child health and substance abuse treatment programs.

Rationale

The initiation of joint pilot projects could provide a cost-effective way to bring together workers from the fields of maternal and child health and substance abuse. A problem-solving approach could provide the means to overcome agency barriers in order to reach women in need of services and to increase knowledge and understanding among professionals.

II. EDUCATION

A. DEVELOP AN INTEGRATED APPROACH TO DRUG EDUCATION, BEGINNING IN KINDERGARTEN, CONTINUING THROUGH JUNIOR HIGH, SENIOR HIGH AND COLLEGE. THE CURRICULA SHALL INCLUDE HARMFUL EFFECTS OF ALCOHOL AND OTHER DRUG USE ON UNBORN CHILDREN.

Incorporate information about alcohol and other drug use and the unborn child into existing curricula, such as the Alcohol and Drug Program (ADD), Drug Abuse Resistance Education (DARE), Preconceptual Health and Parents' Resource Institute for Drug Education (PRIDE), as well as into science, health, home economics and social study calsses.

Rationale

This information concerning pregnancy must be built into every alcohol and drug education program. Such information should serve as one of many deterrents to drug use and could have an impact on current and upcoming generations. Unlike previous generations, who, at best, received mixed messages concerning substance use and pregnancy, this generation would receive the uniform message of total abstinence.

B. DEVELOP CURRICULA FOR HEALTH AND OTHER HELPING PROFESSIONALS ON PREGNANCY AND SUBSTANCE USE AND ITS IMPACT ON THE MOTHER, HER INFANT, CHILDREN AND FAMILY MEMBERS. CURRICULA SHOULD BE APPROVED BY UNIVERSITIES AND CREDENTIALING AGENCIES.

1) Ask the Governor's Institute on Alcohol and Drug Studies to include representation from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the Department of Environment, Health, and Natural Resources' Division of Maternal and Child Health Section, Area Health Education Centers, the OB Society, Pediatric Society, N. C. Nurses' Association, N. C. Chapter of the National Association of Social Workers, Division of Social Services workers, Community College Network, the Office for Children and the Family, N. C. Dept. of Human Resources, and the March of Dimes.

Rationale

In order to develop curricula useful to a variety of health and other helping professionals, input from a broad representation would be instrumental in making the adoption and integration of the curricula a priority.

2) Incorporate the following elements into the curriculum:

1) Attitudinal barriers
2) Identification of women at risk
3) Effects of alcohol/drugs on newborns

4) Meaning of alcohol/drugs to users and addicts
5) Information on existing and emerging drug use trends
6) Resources which serve pregnant women and how to access those services
7) Current research information: eg, cocaine-exposed babies, children's behavior and developmental issues
8) Establishment of linkages between services--medical, therapeutic and social services

Rationale
Women have traditionally been underserved in all alcoholism/-addiction treatment settings. Pregnant women have been particularly underserved due to the complexity of health, perinatal and other issues associated with pregnancy. The core elements above deserve particular attention to identify and serve women in need.

3) Initiate training for health care professionals who are working with women in the childbearing age before and after pregnancy.

Rationale
Efforts to prevent alcohol and drug use during pregnancy must include the message that use should stop before a woman considers pregnancy, and if there is an addiction, treatment is advisable as soon as possible. Risk assessment and evaluation of non-pregnant women of childbearing age and pregnant women is a critical component of any prevention effort.

4) Initiate ongoing training to increase knowledge and awareness of health care professionals in the recognition, counseling and referral of substance abusing pregnant women and their children.

Rationale
Since this is a relatively new area and because new informa tion will be generated, periodic training will be necessary to update health care professionals and service providers. Specific health risks to mother and child will be better known, early interventions will become more specific and treatment modalities will expand to reach this population in need.

5) Develop and distribute a packet of educational materials for professionals on alcohol and drug use during pregnancy to include: materials for dissemination to clients; patient education materials; current research findings and how to identify women using substances.

Rationale
Professional education and training would improve the recognition and referral of women to appropriate services.

A series of materials designed and targeted to reach professionals in various disciplines would be necessary to the success of these educational efforts.

C. TRAIN AND CROSS-TRAIN PROFESSIONALS TO LEARN ABOUT THE EFFECTS OF DRUG USE DURING PREGNANCY AND ITS IMPACT ON CHILDREN.

1) Appoint an interdisciplinary task force to oversee implementation.

Rationale
An interdisciplinary task force to implement this effort would insure a better plan, a greater probability of implementation, support and input from key service and program providers and avoidance of duplication of services and/or gaps in services. Support must come from the state's key government leaders. Programs must be allowed to reorganize to accommodate a change in emphasis. Funds must be allocated or reallocated for staff and services identified.

2) Conduct a needs assessment to determine what training resources are available and who needs to be trained.

Rationale
Organization and implementation of cross-training will best be achieved by conducting a needs assessment and making key recommendations based on present needs and current training resources. Additional training resources may be identified and incorporated.

3) Target training to these organizations: Early Childhood Intervention Network; INTAC; day care and nursery schools; Continuing Education Network; DECs; public health departments; Division of Youth Services; Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Developmental Disabilities Council; Division of Social Services; neonatal intensive care units; Department of Public Instruction; Pediatric Association; OB/GYN Association; CDL; institutions of higher learning; N. C. Nurses Association; Alcohol and Drug Abuse Professionals' Association; and Addiction Professions of North Carolina.

Rationale
While not an exclusive list, the organizations identified above are those whose cooperation is necessary to help expedite training and assure that professional credentialing standards would be upheld. Other organizations will be added as they are identified.

D. INITIATE AN EDUCATIONAL CAMPAIGN TO INCREASE PUBLIC AND PROFESSIONAL AWARENESS OF THE EFFECTS OF SUBSTANCE USE ON A PREGNANT WOMAN'S HEALTH AND HER DEVELOPING FETUS.

1) Conduct an assessment of existing mass media and public education materials (brochures, posters, videos, public service announcements, etc.)

Rationale
An assessment will determine resources available and areas in which materials need to be developed. This would include a review of materials already developed by national agencies such as the National Institute of Alcohol Abuse and Alcoholism, NIDA, the March of Dimes Birth Defects Foundation and programs in other states.

2) Develop public education materials, addressing the effects of maternal substance use.

Rationale
Appropriate educational materials will need to be developed and/or adapted to reach groups ranging from teenagers and low-income public assistance clients to college-educated women and various health professionals. Materials must be appropriate for each group. Materials should be field-tested on target groups.

3) Undertake a public mass media campaign by means of public service announcements, billboards, signs in rest rooms, ABC stores and bars, commercials on the radio and on televised soap operas.

Rationale
A carefully planned mass media campaign would reach a wide range of populations and could heighten public awareness. If the campaign includes the distribution of targeted educational materials, the increase in public awareness could be raised markedly.

Since the most recent health information says "no use," it is imperative that this health warning, with ample documentation of why this warning is critical, be communicated to all pregnant women.

III. SOCIAL SERVICES NEEDS

A. EXPLORE INNOVATIVE APPROACHES TO MEET THE SOCIAL SERVICE NEEDS OF WOMEN AT RISK FOR ALCOHOL AND OTHER DRUG ABUSE AND THEIR FAMILIES.

1) Complete an assessment of the health needs of children and their families where substance abuse may be a problem and identify gaps to be filled.

Rationale
Family assessments can ascertain the substance abuse issues and needs of each member of this high-risk group and would provide the opportunity for early intervention.

2) Design innovative approaches to meeting needs, such as treatment for mothers and children, expansion of foster care and enlistment of volunteers for host family programs. Focus should be on unfilled areas of need.

Rationale
New approaches to the problems of developmental disabilies are needed to allow a community to be creative, including ways public and private groups can work together to fill identified gaps in services. All segments of society can cooperate to meet identified needs.

3) Develop support groups for extended families of at-risk women and such care providers as foster parents and host families.

Rationale
Support groups offer families and care providers who are directly involved with at-risk women an opportunity to share progress and problems. Only a minimal effort is required to organize support groups, and positive results are immediate.

IV. LEGISLATIVE ISSUES

EXPLORE LEGISLATIVE CHANGES TO ADDRESS LEGAL CONCERNS OF ALCOHOL AND DRUG USE FOR BOTH PREGNANT WOMEN AND THEIR OFFSPRING BEFORE AND AFTER BIRTH.

1) Create a study commission to review legislation such as those adopted by other states in light of possible applicability to North Carolina issues and concerns.

Rationale
There are many complex legal issues concerning the rights of mothers, fetuses and health care needs. The review of current and impending legislation across the country will help North Carolina address issues and concerns and learn what the experience of other states has been.

2) Involve appropriate parties from medical, legal and social services sectors in determining the need for legislative change. Groups should include representatives from the Medical Society, N. C. Pediatric Society, Statewide District Attorneys Organization, Association of Local Health Directors, Child Protective Services, Social Services Directors Association, Certified Substance Abuse Counselors, OB Society, N. C. Nurses Association, ACLU and appropriate social work organizations.

Rationale
After reviewing North Carolina's existing statutes and other applicable statutes in the country, this group would be able to determine what is needed to ensure that services are rendered which protect the mother and fetus. Needed legislative proposals could then be drafted.

V. DATA BASE

DEVELOP A STATISTICAL DATA BASE TO DETERMINE THE EXTENT OF SUBSTANCE USE AMONG PREGNANT WOMEN IN NORTH CAROLINA.

1) Conduct a statewide study to determine the incidence and prevalence of alcohol and drug use among pregnant women in North Carolina. Studies could be undertaken on a periodic basis, particularly with designated substances (eg. cocaine) that pose the greatest risk.

Rationale
The documentation of the incidence and prevalence of alcohol and other drug use and abuse among pregnant women and those women of childbearing age who are considering pregnancy is neccessary for several reasons. Statistics are critical to determine the extent of the geographic areas of the state which have the greatest need. These data would provide a baseline of demographic and health information to assess the need for specific prevention and treatment strategies. An annual survey would monitor trends such as use and abuse and provide a basis for cost projections on the medical care and education of children affected prenatally by alcohol and other drugs.

2) Require anonymous reporting by health care providers of the number of pregnant women using substances, including substances used, frequency of use and pregnancy outcomes.

Rationale
This system would monitor each case for outcome factors to facilitate continuity and quality of care for mother and child, early identification, assessments, interventions and appropriate services. This information is critical for program planning and documentation of progress.

3) Conduct a pilot research project of services delivered to substance using women to determine the relationship of pregnancy outcomes to treatment received.

Rationale
This would give health care providers immediate information in order to identify problems and to develop programs for service delivery, designed for women specific to their geographic locations. Several organizations and agencies have projected estimates of costs extrapolated from national and regional studies. However, North Crolina is unique in that it is still largely rural and has the highest infant mortality rate in the nation, which may factor into actual cost of delivery of services. Pilot projects will provide realistic cost estimates of service delivery.

APPENDIX A

REPORT OF ROBESON HEALTH CARE CORPORATION'S PROGRAM FOR PERINATAL SERVICES AND SUBSTANCE ABUSE SERVICES FOR PREGNANT WOMEN

REPORT OF ROBESON HEALTH CARE CORPORATION'S PROGRAM FOR PERINATAL SERVICES AND SUBSTANCE ABUSE SERVICES FOR PREGNANT WOMEN

Robeson Health Care Corporation (RHCC) has implemented programs to provide enhanced perinatal care, substance abuse service coordination and high-risk prevention programs to patients of three medical practices. The medical practices make up a consortium funded by Title 330 of the Public Health Service for Community Health Centers. The services in the practices include an Enhanced Perinatal Program. The program has two full-time staff members at each of the three family practice sites. The program provides perinatal care to low-income women in the county. In addition to the medical care, case mangement activities are in place to ensure that those eligible receive Medicare, WIC and other services that will increase the likelihood of good birth outcomes. The perinatal program is part of the Baby Love Program.

In January of 1989, the Perinatal Substance Abuse Prevention Project was started because of the number of young patients seen in the practices who were at high risk for substance abuse problems. The target groups are those patients who are under the age of 21 and have one of the following risk factors: substance abuse in the family system, victim of family violence, father of the baby is a substance abuser, past use of substances by the patient, previous mental health treatment or medication to combat long-term pain. The project promotes abstinence of drugs and alcohol. It also provides assertiveness training to improve self-image and encourages goal setting. Weekly structured groups are held at each of RHCC's three practices. The program also provides monthly substance abuse prevention programs at two middle schools in the county and also provides parent awareness workshops.

RHCC has been funded by the Federal Office of Substance Abuse Prevention (OSAP) to provide intensive outpatient prevention, intervention and treatment to pregnant and postpartum women who are at <u>high risk</u> for substance abuse. In addition, RHCC will provide intensive child development services and day care to the infants and children of the women in the program. This program is unique because it provides access to after care, women's Alcoholics Anonymous meetings, exercise and nutrition instruction, child development/care services and support groups.

RHCC has also been funded by the state of North Carolina to provide case management services to women who need residential in-patient substance abuse treatment. The corporation does not provide the direct services, but it is

responsible for accessing the resources for the women who need those services. The program provides the same services that are available through the OSAP program as well as providing day care for the children of the addicted mothers while they are in treatment as well as housing for the women and their children after they have completed their in-patient treatment.

The combination of medical services, enhanced perinatal services, and the availability of substance abuse services, increase the opportunities to ensure that women receive the services that best match their needs and increases the likelihood of good birth outcomes.

Ann Doolen
Director of Substance abuse Services

APPENDIX B

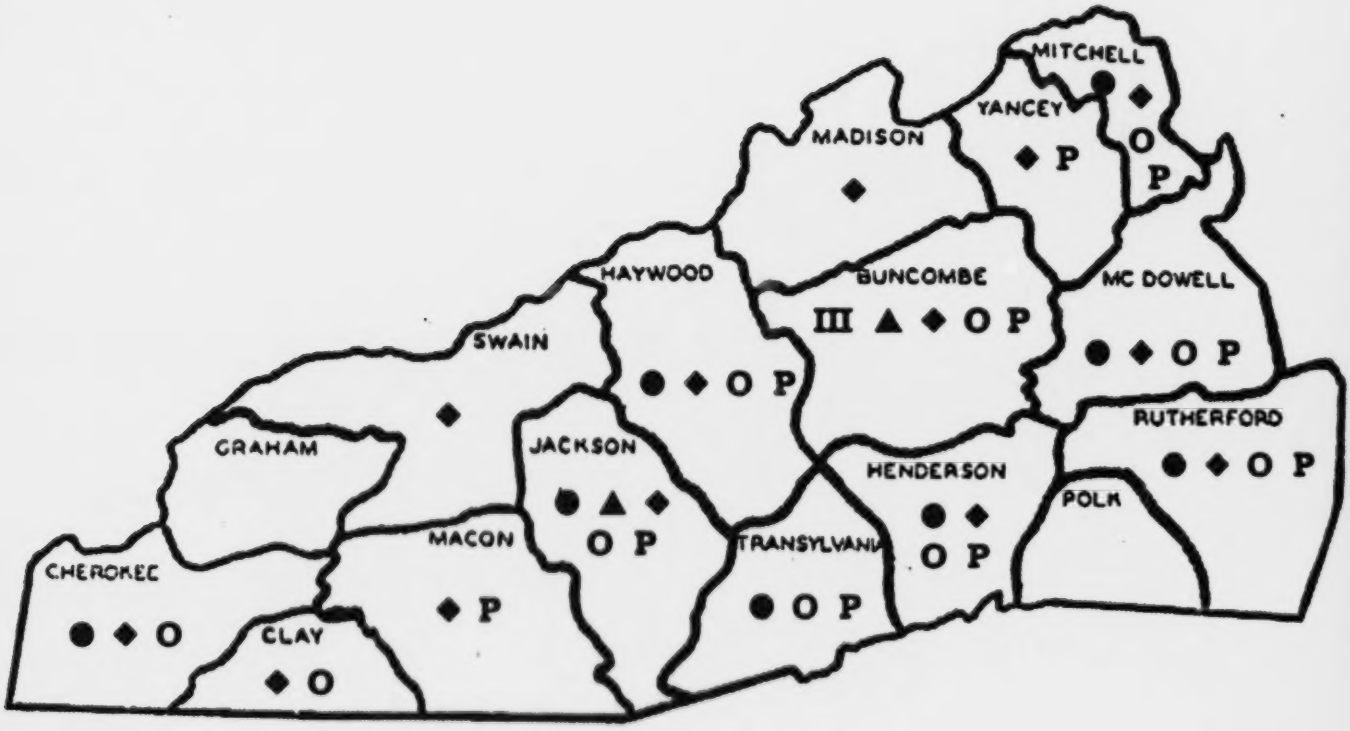
PERINATAL REGIONS AND REGIONAL PERINATAL OUTREACH COORDINATORS

PERINATAL CARE REGIONS

Perinatal regions were created by the Division of Health Services to plan and render pre- and postnatal services across the state of North Carolina. These planning and service regions are depicted in the following pages. Most of the symbols in the legends are self-explanatory. Level III programs are those which have agreed to accept all patients in need of intensive OB care and intensive newborn care.

The Governor's Conference on Infant Mortality, held on November 2, 1989, identified what must be done to reduce North Carolina's infant mortality rate. (One activity identified was to work with others to reduce the use of alcohol and other drugs.) Personnel in the various prenatal regions have agreed to concentrate on a variety of educational and outreach activities in order to bring down the state's infant mortality rate. As part of this effort, they will be working with colleagues in other agencies to reduce the use of alcohol and other drugs among pregnant women.

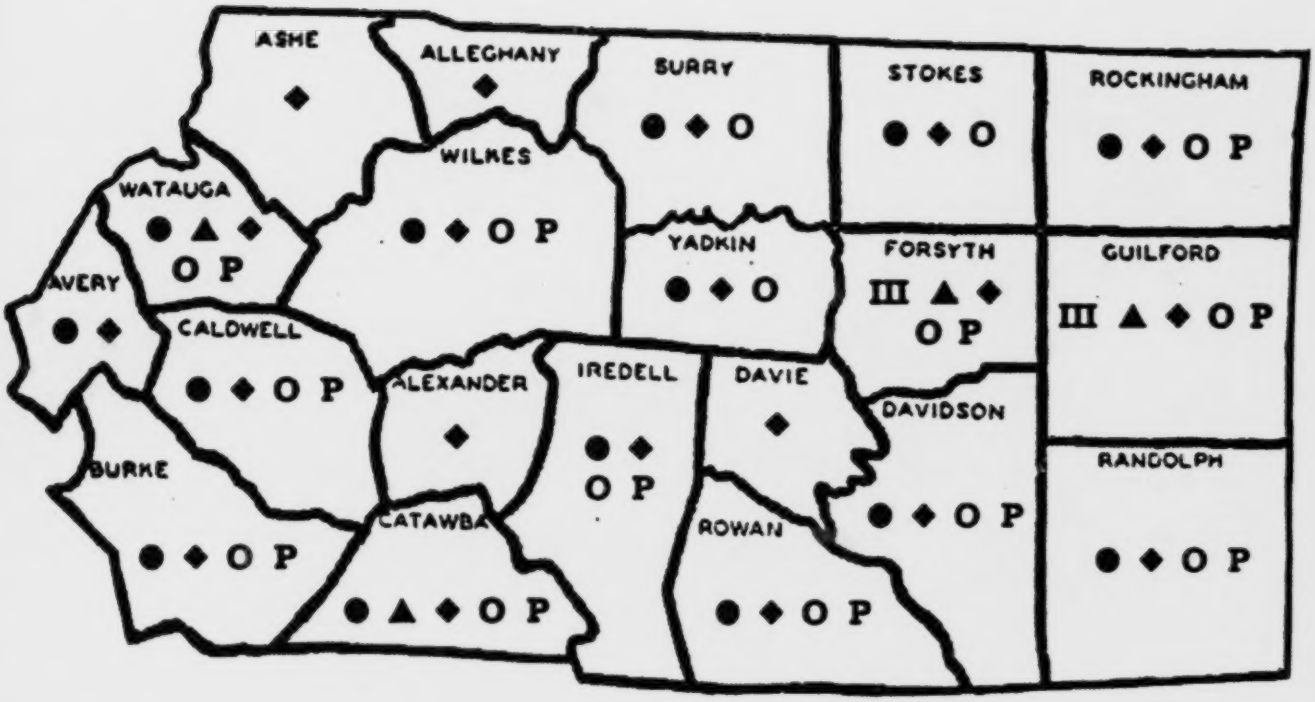
PERINATAL CARE REGION I
(Western)



LEGEND:

- **III** Level III hospital with perinatal intensive care
- **●** Labor and delivery service (Level I or II hospital)
- **▲** High-risk maternity clinic
- **◆** Health department maternity clinic or other publicly funded maternity clinic
- **O** Obstetrician or family physician doing obstetrics (at least one)
- **P** Pediatrician (at least one)

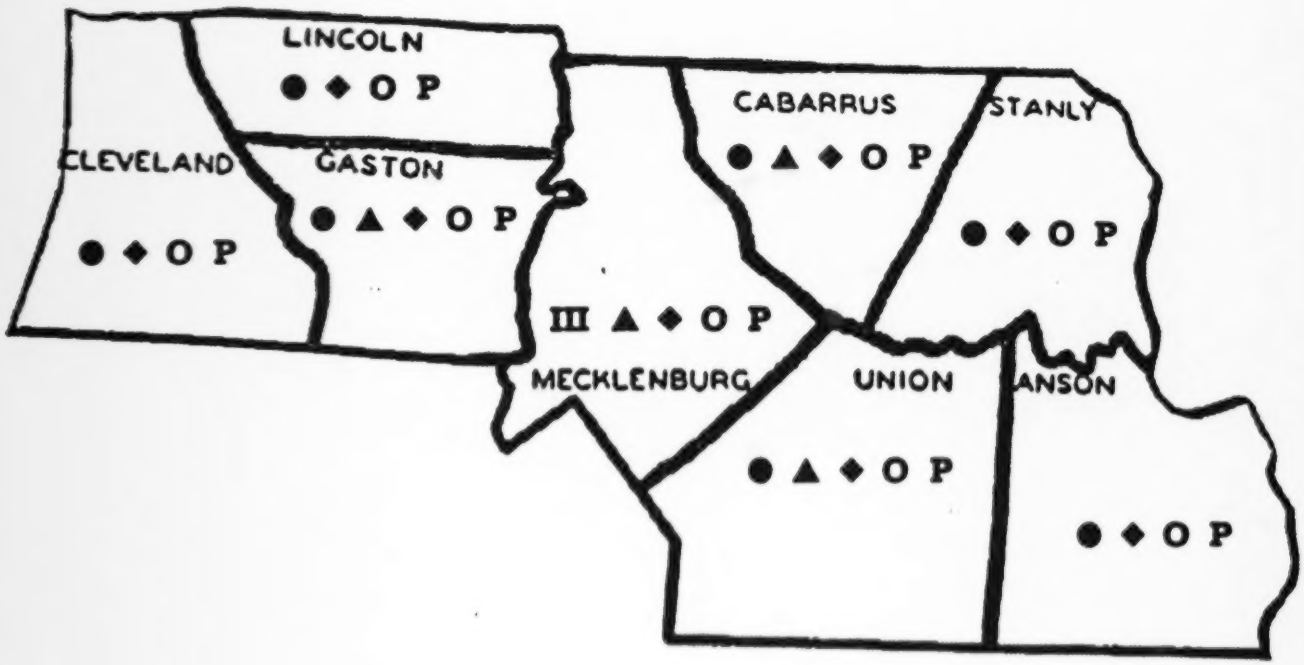
PERINATAL CARE REGION II
(Northwestern)



LEGEND:

- **III** Level III hospital with perinatal intensive care
- **●** Labor and delivery service (Level I or II hospital)
- **▲** High-risk maternity clinic
- **◆** Health department maternity clinic or other publicly funded maternity clinic
- **O** Obstetrician or family physician doing obstetrics (at least one)
- **P** Pediatrician (at least one)

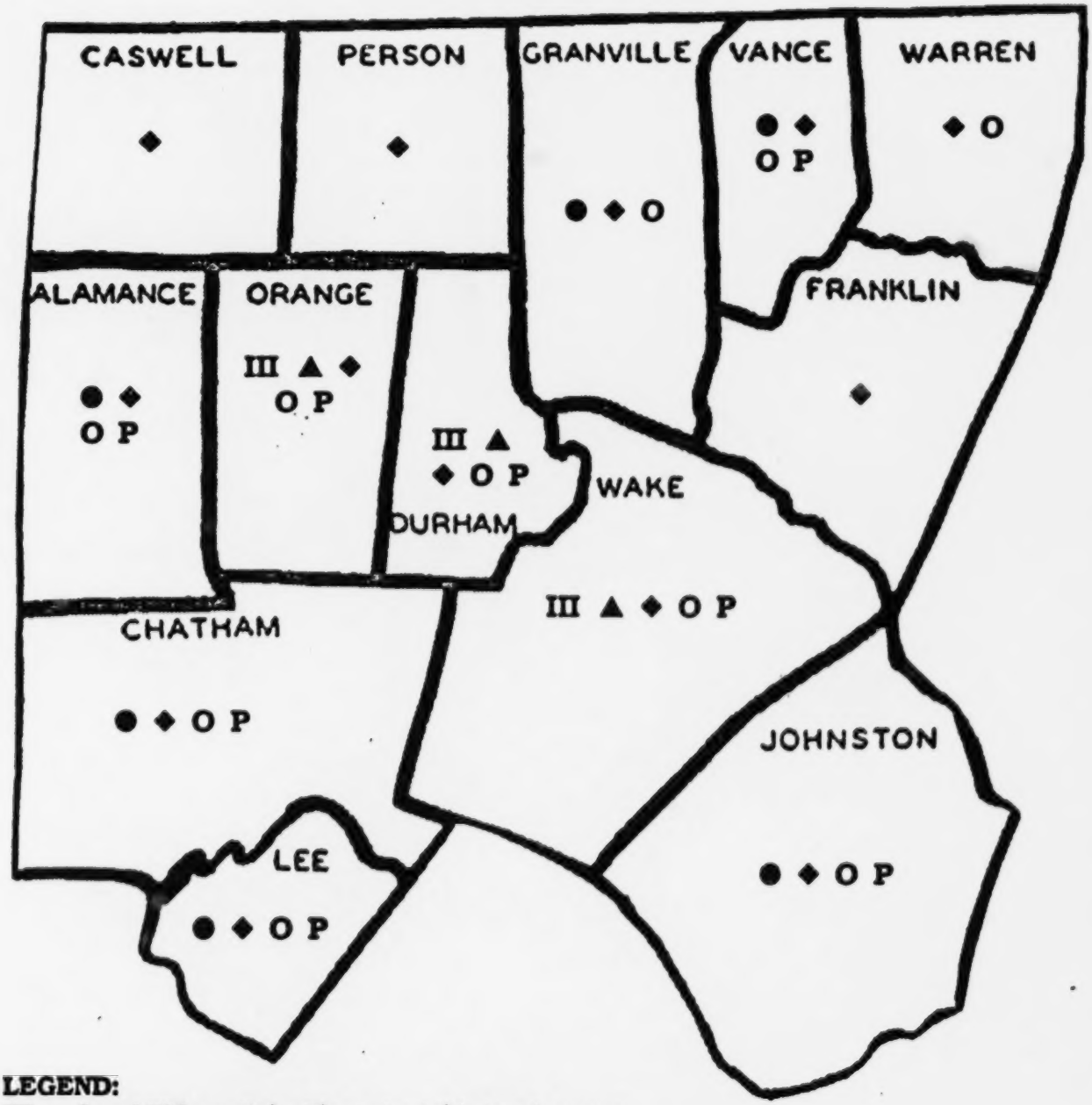
PERINATAL CARE REGION III
(Southwestern)



LEGEND:

III	Level III hospital with perinatal intensive care
●	Labor and delivery service (Level I or II hospital)
▲	High-risk maternity clinic
◆	Health department maternity clinic or other publicly funded maternity clinic
O	Obstetrician or family physician doing obstetrics (at least one)
P	Pediatrician (at least one)

PERINATAL CARE REGION IV
(Northeastern)



LEGEND:

III	Level III hospital with perinatal intensive care
●	Labor and delivery service (Level I or II hospital)
▲	High-risk maternity clinic
◆	Health department maternity clinic or other publicly funded maternity clinic
O	Obstetrician or family physician doing obstetrics (at least one)
P	Pediatrician (at least one)

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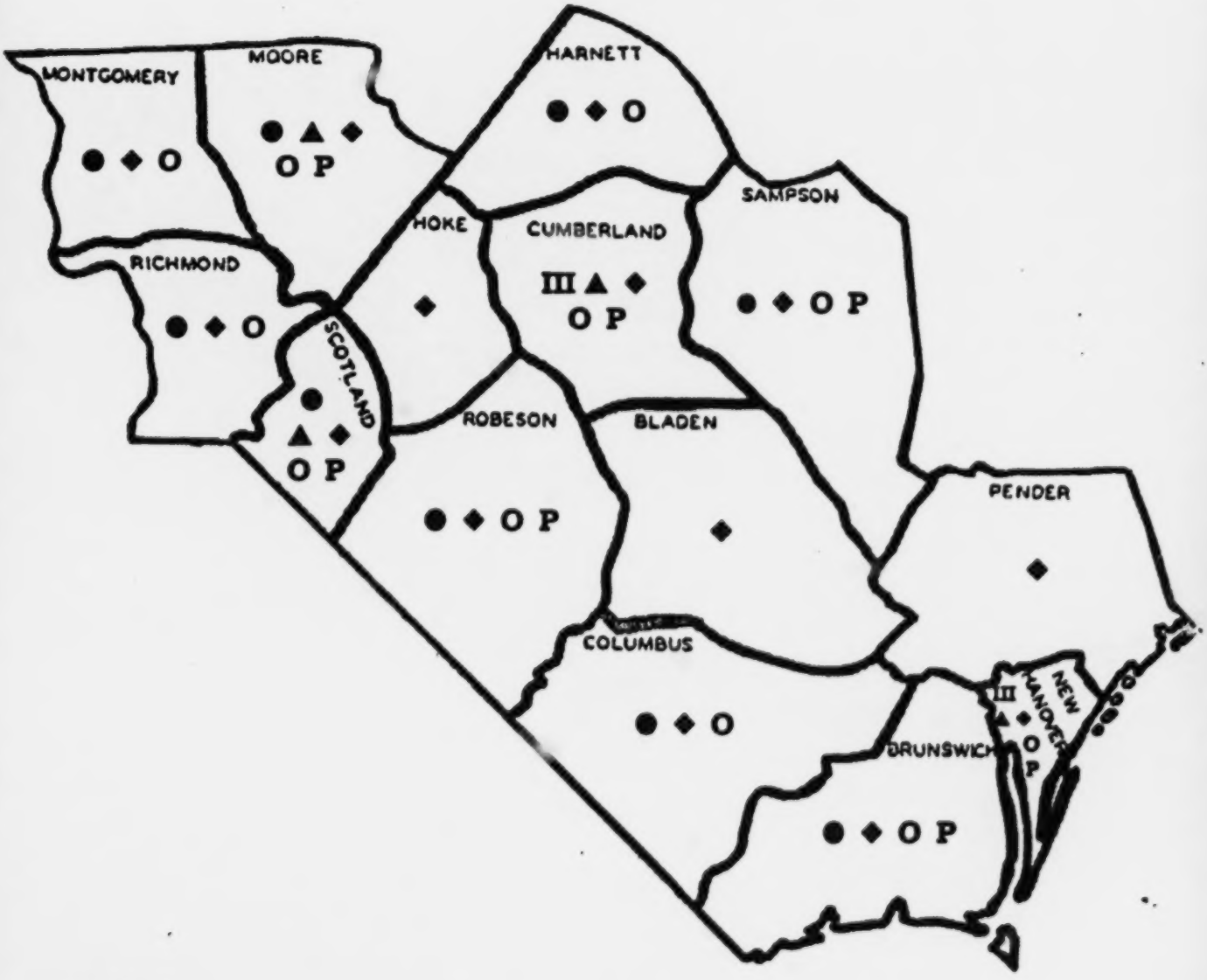
PERINATAL CARE REGION V
(Southeastern)



LEGEND:

- **III** Level III hospital with perinatal intensive care
- ● Labor and delivery service (Level I or II hospital)
- ▲ High-risk maternity clinic
- ◆ Health department maternity clinic or other publicly funded maternity clinic
- **O** Obstetrician or family physician doing obstetrics (at least one)
- **P** Pediatrician (at least one)

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PERINATAL CARE REGION VI
(Eastern)

LEGEND:

- **III** Level III hospital with perinatal intensive care
- ● Labor and delivery service (Level I or II hospital)
- ▲ High-risk maternity clinic
- ◆ Health department maternity clinic or other publicly funded maternity clinic
- **O** Obstetrician or family physician doing obstetrics (at least one)
- **P** Pediatrician (at least one)

REGIONAL PERINATAL OUTREACH COORDINATORS

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Dept. of OB/GYN
PCMH Teaching Annex
Greenville, N.C. 27858
Tel. (919) 551-4983

Jackie Hutcherson
ECU School of Medicine
Dept. of OB/GYN
PCMH Teaching Annex
Greenville, N.C. 27858
Tel. (919) 551-4983

APPENDIX C

LOCAL HEALTH DEPARTMENTS

COUNTY & DISTRICT HEALTH DEPARTMENTS IN NORTH CAROLINA

Alamance
209 N. Graham-Hopedale Rd.
Burlington, N.C. 27215
Tel. (919) 227-0101
Director: Mr. Tim Green

Alexander
322 First Avenue, S.W.
Taylorsville, N.C. 28681
Tel. (704) 632-9704
Director: Ms. Karen Williams

Alleghany
Rt. 2, Box 36
Sparta, N.C. 28675
Tel. (919) 372-5641
Director: Mr. Carl D. Tuttle

Anson
110 Ashe Street
P.O. Box 473
Wadesboro, N.C. 28170
Tel. (704) 694-5188
Director: Mr. Brian Ellerby

Ashe
P.O. Box 208
Jefferson, N.C. 28640
Tel. (919) 246-9449
Director: Mr. Carl D. Tuttle

Avery
P.O. Box 325
Newland, N.C. 28657
Tel. (704) 733-6031
Director: Mr. H. C. Aldridge

Beaufort
P.O. Box 579
Washington, N.C. 27889
Tel. (919) 946-1902
Director: Mr. Gary Taylor

Bertie
P.O. Box 586
Windsor, N.C. 27983
Tel. (919) 794-5322
Director: Ms. Elizabeth Tynch

Bladen
P.O. Box 188
Elizabethtown, N.C. 28337
Tel. (919) 862-2536
Director: Mr. Steven L. Moffat

Brunswick
P.O. Box 9
Bolivia, N.C. 28422
Tel. (919) 253-4381
Director: Mr. Michael Rhodes

Buncombe
35 Woodfin Street
Asheville, N.C. 28801
Tel. (704) 255-5671
Director: James Tenney, M.D.

Burke
700 E. Parker Rd.
Morganton, N.C. 28655
Tel. (704) 433-4250
Director: Mr. Charles Buckner

Cabarrus
715 Cabarrus Avenue, W.
P.O. Box 1149
Concord, N.C. 28025
Tel. (704) 786-8121
Director: Wm. Pilkington,D.P.A.

Caldwell
P.O. Drawer 1378
Lenoir, N.C. 28645
Tel. (704) 757-1203
Director: Marjorie Strawn, M.D.

Camden
Camden, N.C. 27921
Tel. (919) 335-4486
Director: Mr. Howard Campbell

Carteret
Highway 70 & Turner St.
P.O. Box 630
Beaufort, N.C. 28516
Tel. (919) 728-8550
Director: Mr. Graham Penny

Caswell
P.O. Drawer H
Yanceyville, N.C. 27379
Tel. (919) 694-4129
Director: ~~Ms. Lynn J. Steinberg~~
Mr Thurston Perry

Catawba
Rt. 3, Box 338
Hickory, N.C. 28601
Tel. (704) 328-2561
Director: Mr. Leonard Wood

Chatham
P.O. Box 126
Pittsboro, N.C. 27312
Tel. (919) 542-4641
Director: Mr. ~~Charles Harper,~~
John Shaw

Cherokee
206 Hilton Street
Murphy, N.C. 28906
Tel. (704) 837-7486
Director: Mr. Robert C. Wood

Chowan
County Office Bldg.
P.O. Box 808
Edenton, N.C. 27932
Tel. (919) 482-2511
Director: Mr. Howard Campbell

Clay
Box 55
Hayesville, N.C. 28904
Tel. (704) 389-8052
Director: Ms. Janice Patterson

Cleveland
315 Grover Street
Shelby, N.C. 28150
Tel. (704) 484-5200
Director: Ms. Denese Stallings

Columbus
Miller Bldg.
P.O. Box 810
Whiteville, N.C. 28472
Tel. (919) 642-5700
Director: Ms. Marian Duncan

Craven
2102 Neuse Blvd.
P.O. Box 1390
New Bern, N.C. 28560
Tel. (919) 633-4121
Director: Ms. Elizabeth Joyner

Cumberland
227 Fountainhead Ln.
Fayetteville, N.C. 28560
Tel. (919) 483-9046
Director: Jesse Williams, M.D.

Currituck
P.O. Box 26
Currituck, N.C. 27929
Tel. (919) 232-2272
Director: John B. Sledge, M.D.

Dare
P.O. Box 1000
Manteo, N.C. 27954
Tel. (919) 473-2143
Director: Mr. Harry D. Johnson

Davidson
P.O. Box 439
Lexington, N.C. 27293
Tel. (704) 249-7011
Director: Mr. Richard Baxley

Davie
210 Hospial Street
P.O. Box 665
Mocksville, N.C. 27028
Tel. (704) 634-5985
Director: Mr. ~~Lonnie F. House~~
Dennis Harrington

Duplin
P.O. Box 449
Kenansville, N.C. 28349
Tel. (919) 296-0441
Director: Mr. ~~Joe L. Costin~~
Patty Blanchard, Acting

Durham
414 E. Main Street
Durham, N.C. 27701
Tel. (919) 688-8018
Director: John Fletcher, M.D.

Edgecombe
2909 Main Street
Tarboro, N.C. 27886
Tel. (919) 641-7511
Director: Mr. Hugh G. Young

Forsyth
741 Highland Avenue
P.O. Box 2975
Winston-Salem, N.C. 27102
Tel. (919) 727-2434
Director: Thomas R. Dundon, Ph.D.

Franklin
103 S. Bickett Blvd.
Louisburg, N.C. 27549
Tel. (919) 496-2533
Director: Mr. Keith Patton

Gaston
611 Highland Street
Gastonia, N.C. 28052
Tel. (704) 866-3234
Director: Mr. Bruce Parsons

Gates
P.O. Box 71
Gatesville, N.C. 27938
Tel. (919) 357-1380
Director: Mr. F. Jomes Boehm

Graham
P.O. Box 546
Robbinsville, N.C. 28771
Tel. (704) 479-3361
Director: Ms. Sharon L. Collins

Granville
P.O. Box 367
Oxford, N.C. 27565
Tel. (919) 693-2141
Director: Charles D. Rollins, M.D.

Greene
106 Hines Street
Snow Hill, N.C. 28580
Tel. (919) 747-8181
Director: Mr. Joey V. Huff

Guilford
301 N. Eugene Street
P.O. Box 3508
Greensboro, N.C. 27401
Tel. (919) 373-3202
Director: Joseph L. Holliday, M.D.

Halifax
P.O. Box 10
Halifax, N.C. 27839
Tel. (919) 583-5021
Director: Mr. Virgil A. Cook

Harnett
715 N. Main Street
P.O. Box 09
Lillington, N.C. 27546
Tel. (919) 893-7550
Director: Mr. Henry Thompson

Haywood
2216 Asheville Rd.
Waynesville, N.C. 28786
Tel. (704) 452-6675
Director: Dorcas Hough, M. D.

Henderson
1327 Spartanburg Highway
Hendersonville, N.C. 28739
Tel. (704) 692-4223
Director: Mr. Thomas Johnson

Hertford
P.O. Box 246
Winton, N.C. 27986
Tel. (919) 358-7833
Director: Mr. F. James Boehm

Hoke
429 E. Central Avenue
Raeford, N.C. 28376
Tel. (919) 875-3717
Director: Mr. ~~Bobby E. Rogers~~ Michael Good, Acting

Hyde
Box 100
Swan Quarter, N.C. 27885
Tel. (919) 926-3561
Director: Mr. Wm. M. Boyd, Jr.

Iredell
735 Hartness Road
P.O. Box 1268
Statesville, N.C. 28677
Tel. (704) 873-7291
Director: Mr. Wm. D. Mashburn

Jackson
102 Scotts Creek Road
Sylva, N.C. 28779
Tel. (704) 586-8994
Director: Mr. Randall Turpin

Johnston
618 N. Eighth Street
Smithfield, N.C. 27577
Tel. (919) 989-5200
Director: Mr. Jerry R. Robinson

Jones
P.O. Box 216
Trenton, N. C. 28585
Tel. (919) 448-9111
Director: Ms. Doris Oliver

Lee
402 W. Makepeace St.
Sanford, N. C. 27330
Tel. (919) 775-3603
Director: Mr. Eugene C. Hines, Jr.

Lenoir
201 N. McLewean St.
P.O. Box 1315
Kinston, N.C. 28501
Tel. (919) 527-7116
Director: Ms. Christine Maroules

Lincoln
Rt. 8, Box 1527C
Lincolnton, N.C. 28092
Tel. (704) 735-3001
Director: Ms. Margaret B. Dollar

Macon
Highlands Road
Franklin, N.C. 28734
Tel. (704) 369-9526
Director: Mr. David Simpson

Madison
300 Roberts Hill Rd.
Marshall, N.C. 28753
Tel. (704) 649-3531
Director: Mr. Edward A. Morton

Martin
P.O. Box 546
210 W. Liberty Street
Wilmington, N.C. 27892
Tel. (919) 792-7811
Director: Ms. Judith C. Wright

McDowell
1210 State Street
Marion, N.C. 28752
Tel. (704) 652-6811
Director: Mr. Clifford Fields

Mecklenburg
249 Billingsley Rd.
Charlotte, N.C. 28211
Tel. (704) 336-4700
Director: ~~Ms. Betty Snow~~ Mrs. M. Barry Ph.D.

Mitchell
124 School Street
Bakersville, N.C. 28705
Tel. (704) 688-2371
Director: Mr. H. C. Aldridge

Montgomery
South Main Street
Troy, N. C. 27371
Tel. (919) 572-1393
Director: Ms. Maxine McNeill

Moore
P.O. Box 279
Carthage, N.C. 28327
Tel. (919) 947-5800
Director: Mr. Robert Wittmann

Nash
P.O. Box 849
214 S. Barnes Street
Nashville, N.C. 27856
Tel. (919) 459-4141
Director: Mr. Wm. W. Hill, Jr.

New Hanover
2029 S. 17th Street
P.O. Box 3785
Wilmington, N.C. 28406
Tel. (919) 251-3200
Director: Mr. Robert S. Parker

Northampton
P.O. Box 635
Seaboard Rd. (SR 305)
Jackson, N.C. 27845
Tel. (919) 534-5841
Director: ~~Mrs. Anne Holmer~~ Vacant

Onslow
612 College Street
Jacksonville, N.C. 28540
Tel. (919) 347-2154
Director: Mr. Louis E. Latour

Orange
300 W. Tryon Street
Hillsborough, N.C. 27278
Tel. (919) 732-8181
Director: Mr. Daniel B. Reimer

Pamlico
P.O. Box 306
Bayboro, N.C. 28515
Tel. (919) 745-5111
Director: Mr. James R. Baluss

Pasquotank
Cedar Street
P.O. Box 189
Elizabeth City, N.C. 27909
Tel. (919) 338-2167
Director: Mr. Howard Campbell

Pender
Fremont Street
P.O. Box 1209
Burgaw, N.C. 28425
Tel. (919) 259-1230
Director: Mr. A. C. Woodcock, Jr.

Perquimans
103 Charles Street
Hertford, N.C. 27944
Tel. (919) 426-5488
Director: Mr. Howard B. Campbell

Person
325 S. Morgan
Roxboro, N.C. 27573
Tel. (919) 597-2204
Director: Ms. Rebecca Hester

Pitt
11825 W. Sixth Street
Greenville, N.C. 27834
Tel. (919) 752-4141
Director: Timothy Monroe, M.D.

Polk
Walker Street
P.O. Box 95
Columbus, N.C. 28722
Tel. (704) 894-8271
Director: Mr. Clifford Fields

Randolph
2222 S. Fayetteville St.
Asheboro, N.C. 27203
Tel. (919) 629-2131
Director: Mr. Geo. V. Elliott

Richmond
P.O. Box 429
Rockingham, N.C. 28379
Tel. (919) 997-5501
Director: Mr. Gary Angott

Robeson
Rt. 4, Box 388
Lumberton, N.C. 28358
Tel. (919) 738-7231
Director: Mr. Wm. J. Smith

Rockingham
Rt. 8, Box 701J
Reidsville, N.C. 27320
Tel. (919) 342-8143
Director: Mr. Wm. V. Thompson

Rowan
2728 Old Concord Road
Salisbury, N.C. 28144
Tel. (704) 633-0411
Director: Mr. Herbert Hawley

Rutherford
203 Koon Rd.
Spindale, N.C. 28160
Tel. (704) 287-6100
Director: Mr. Clifford Fields

Sampson
Rowan Road, County Complex
Clinton, N.C. 28328
Tel. (919) 592-1131
Director: Mr. Kenneth Jones

Scotland
1405 W. Boulevard
P.O. Box 69
Laurinburg, N.C. 28352
Tel. (919) 277-2440
Director: Mr. ~~Dennis Harrington~~ Dick Stevens

Stanly
945 N. Fifth Street
Albemarle, N.C. 28011
Tel. (704) 982-9171
Director: Mr. J. B. Bass, Jr.

Stokes
P.O. Box 187
Danbury, N. C. 27016
Tel. (919) 593-2811
Director: Mr. Wm. H. Johnson

Surry
118 Hamby Road
P.O. Box 1062
Dobson, N.C. 27017
Tel. (919) 374-2131
Director: J. D. Simmons, M.D.

Swain
P.O. Box 546
Bryson City, N.C. 28713
Tel. (704) 488-3198
Director: Mr. R. D. Childers, Jr.

Transylvania
Community SErvices Bldg.
Brevard, N. C. 28712
Tel. (704) 884-3135
Director: Mr. Terry Pierce

Tyrell
Broad Street
P.O. Box 238
Columbia, N.C. 27925
Tel. (919) 796-2681
Director: Ms. Judith C. Wright

Union
500 N. Main Street
Room 109
Monroe, N.C. 28110
Tel. (704) 283-3792
Director: Mr. Lorey H. White, Jr.

Vance
115 Emergency Rd.
Henderson, N.C. 27536
Tel. (919) 492-7915
Director: Charles D. Rollins, M.D.

Wake
P.O. Box 14049
Raleigh, N.C. 27602
Tel. (919) 250-4400
Director: Leah Devlin, DDS

Warren
540 Ridgeway St.
Warrenton, N.C. 27602
Tel. (919) 257-1185
Director: Mr. Dennis Retzlaff

Washington
P.O. Box 396
Plymouth, N.C. 27962
Tel. (919) 793-3023
Director: Ms. Judith C. Wright

Watauga
Rt. 5, Box 199
Boone, N.C. 28607
Tel. (704) 264-4995
Director: Mr. Carl D. Tuttle

Wayne
301 N. Herman St., Box CC
Goldsboro, N.C. 27530
Tel. (919) 731-1000
Director: Ms. Maye ~~Gurley~~ S. Myers

Wilkes
W. College Street
P.O. Box 30
Wilkesboro, N.C. 28697
Tel. (919) 651-7450
Director: Mr. Alton M. Brown

Wilson
1801 Glendale Drive
Wilson, N. C. 27892
Tel. (919) 291-5470
Director: ~~Mr. Thurston Perry~~
Pam Lowe, Acting

Yadkin
Box 457
Yadkinville, N.C. 27055
Tel. (919) 679-2026
Director: Ms. Gayle R. Brown

Yancey
10 Swiss Avenue
Burnsville, N.C. 28714
Tel. (704) 682-6118
Director: Mr. H. C. Aldridge

APPENDIX D

AREA MENTAL HEALTH/DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE PROGRAMS

AREA MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE PROGRAMS IN NORTH CAROLINA

Buncombe, Madison, Mitchell, Yancey
Blue Ridge Area MH/DD/SA Program
356 Biltmore Avenue
Asheville, N.C. 28801
Tel. (704) 258-3500
Area Director: Mr. Lawrence E. Thompson, III

Catawba
Catawba Area MH/DD/SA Program
Rt. 3, Box 339
Hickory, N.C. 28601
Tel. (704) 328-5361
Area Director: Mr. John Hardy

Cleveland
Cleveland Area MH/DD/SA Program
222 Crawford Street
Shelby, N.C. 28150
Tel. (704) 482-8941
Area Director: Dwight S. Brenneman, Ed.D.

Alexander, Burke, Caldwell, McDowell
Foothills Area MH/DD/SA Program
523 W. Fleming Dr.
Morganton, N.C. 28655
Tel. (704) 433-6262
Area Director: Mr. Don Dawson

Gaston, Lincoln
Gaston-Lincoln Area MH/DD/SA Program
401 N. Highland Street
Gastonia, N.C. 28052
Tel. (704) 867-2361
Area Director: Mr. James F. Melton

Mecklenburg
Mecklenburg Area MH/DD/SA Program
501 Billingsley Rd., Cottage A
Charlotte, N.C. 28211
Tel. (704) 336-2023
Area Director: Mr. Peter E. Safir

Alleghany, Ashe, Avery, Watauga, Wilkes
New River Area MH/DD/SA Program
887 State Farm Rd.
Boone, N.C. 28606
Tel. (704) 264-9007
Area Director: Brooke R. Johnson, Ph.D.

Cabarrus, Stanly, Union
Piedmont Area MH/DD/SA Program
457 Lake Concord Rd.
Concord, N.C. 28025
Tel. (704) 788-6116
Area Director: Robert C. Lorish, Ed.D.

Rutherford, Polk
Rutherford-Polk MH/DD/SA Program
City Rt. 3, 311 Fairground Rd.
Spindale, N.C. 28160
Tel. (704) 287-6110
Area Director: Mr. Tony Womack

Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain
Smoky Mountain Center for MH/DD/SA Program
P.O. Box 280
Dillsboro, N.C. 28725
Tel. (704) 586-5501
Area Director: Mr. Hugh D. Moon

Henderson, Transylvania
Trend Area MH/DD/SA Program
800-A Fleming Street
Hendersonville, N.C. 38739
Tel. (704) 692-7790
Area Director: Mr. Ronald C. Metzger

Davie, Iredell, Rowan
Tri-County Area MH/DD/SA Program
121 W. Council Street
Salisbury, N.C. 28144
Tel. (704) 637-5045
Area Director: Mr. Daniel L. Bradshaw

Alamance, Caswell
Alamance-Caswell Area MH/DD/SA Program
1946 Martin Street
Burlington, N.C. 27215
Tel. (919) 222-6430
Area Director: Mr. John V. Moon

Durham
Durham Area MH/DD/SA Program
414 E. Main Street
Durham, N.C. 27701
Tel. (919) 560-7200
Area Director: Steven Ashby, Ph.D.

Forsyth, Stokes
Forsyth-Stokes Area MH/MR/SA Program
725 Highland Avenue
Winston-Salem, N.C. 27101
Tel. (919) 725-7777
Area Director: George E. Hamilton, Jr., M.D.

Guilford
Guilford Area MH/DD/SA Program
1024 Homeland Avenue
Greensboro, N.C. 27405
Tel. (919) 373-4983
Area Director: Mr. Laurence J. Bivens

Orange, Person, Chatham
Orange-Person-Chatham Area MH/DD/SA Program
333 McMasters Street
Chapel Hill, N.C. 27514
Tel. (919) 929-0471
Area Director: Mr. William F. Baxter, Jr.

Rockingham
Rockingham Area MH/DD/SA Program
P.O. Box 55
Wentworth, N.C. 27375
Tel. (919) 342-8316
Area Director: Mr. Billy G. Witherspoon

Surry, Yadkin
Surry-Yadkin Area MH/DD/SA Program
Franklin Street
P.O. Box 1428
Mt. Airy, N.C. 27030
Tel. (919) 789-5011
Area Director: Mr. Brady Morrison

Vance, Granville, Franklin, Warren
Vance-Warren-Granville-Farnklin Area MH/DD/SA Program
125 Emergency Road
Henderson, N.C. 27536
Tel. (919) 492-4011
Area Director: Mr. J. Thomas McBride

Cumberland
Cumberland Area MH/DD/SA Program
P.O. Box 2068, Owen Drive
Fayetteville, N.C. 28302
Tel. (919) 323-0601
Area Director: Mr. Eldon Tietje

Davidson
Davidson County for MH/DD/SA Program
205 Old Lexington Rd.
Thomasville, N.C. 27360
Tel. (919) 475-8184
Area Director: C. Randall Edwards, Ph.D.

Johnston
Johnston Area MH/DD/SA Program
P.O. Box 411
Smithfield, N.C. 27577
Tel. (919) 934-5121
Area Director: J. Daniel Searcy, Ph.D.

Lee, Harnett
Lee-Harnett Area MH/DD/SA Program
130 Carbonton Rd.
Sanford, N.C. 27330
Tel. (919) 774-6521
Area Director: Mr. Mansfield M. Elmore

Randolph
Randolph Area MH/DD/SA Program
204 E. Academy Street
Asheboro, N.C. 27203
Tel. (919) 625-1113
Area Director: Ms. Louise M. Galloway

Anson, Hoke, Moore, Montgomery, Richmond
Sandhills Center for MH/DD/SA Program
Administrative Offices
P.O. Box 9
West End, N.C. 27376
Tel. (919) 673-9111
Area Director: Mr. Michael Watson

Bladen, Columbus, Robeson, Scotland
Southeastern Regional Area MH/DD/Sa Program
207 W. 29th Street
Lumberton, N.C. 28358
Tel. (919) 738-5261
Area Director: Mr. John S. McKee, III

Wake
Wake Area MH/DD/SA Program
3001 Falstaff Road
Raleigh, N.C. 27610
Tel. (919) 755-6238
Area Director: Mr. James W. Kirkpatrick, Jr.

Camden, Chowan, Currituck, Dare, Pasquotank, Perquimans
Albemarle Area MH/DD/SA Program
113 N. Elliott Street
Elizabeth City, N.C. 27909
Tel. (919) 335-0431
Area Director: Mr. Charles R. Franklin, Jr.

Duplin, Sampson
Duplin-Sampson Area MH/DD/SA Program
PCA Building
P.O. Box 499
Beasley Street
Kenansville, N.C. 28349
Tel. (919) 296-1851
Area Director: Helen Moorefield, Ph.D.

Edgecombe, Nash
Edgecombe-Nash Area MH/DD/SA Program
P.O. Box 4047
Rocky Mount, N.C. 27801
Tel. (919) 977-0151
Area Director: Ms. Helen Cleveland

Halifax
Halifax Area MH/DD/SA Program
P.O. Box 119
210 Smith Church Road
Roanoke Rapids, N.C. 27870
Tel. (191) 537-6174
Area Director: Ms. Lois T. Batton

Lenoir
Lenoir Area MH/DD/SA Program
1007 N. College Street
Kinston, N.C. 28501
Tel. (919) 527-7086
Area Director: Ms. June S. Cummings

Carteret, Craven, Jones, Pamlico
Neuse Area MH/DD/SA Program
2000 Neuse Boulevard
P.O. Box 1636
New Bern, N.C. 28560
Tel. (919) 633-4171
Area Director: Mr. Roy R. Wilson, Jr.

Onslow
Onslow Area MH/DD/SA Program
215 Memorial Drive
Jacksonville, N.C. 28540
Tel. (919) 353-5118
Area Director: Mr. Dan Jones

Pitt
Pitt Area MH/DD/SA Program
2310 Stantonsburg Road
Greenville, N.C. 27834
Tel. (919) 752-7151
Area Director: Steve Creech, Ph.D.

Bertie, Gates, Hertford, Northampton
Roanoke-Chowan Area MH/DD/SA Program
Rt 3, Box 22A
Ahoskie, N.C. 27910
Tel. (919) 332-4137
Area Director: Ms. Ruth G. Straka

Brunswick, New Hanover, Pender
Southeastern Area MH/DD/SA Program
2023 South Seventeenth Street
Wilmington, N.C. 28301
Tel. (919) 251-6440
Area Director: Mr. William Douglas Sudduth

Beaufort, Hyde, Martin, Tyrrelll, Washington
Tideland Area MH/DD/SA Program
1308 Highland Drive
Washington, N.C. 27889
Tel. (919) 946-8061
Area Director: Faye R. Rogers

Wayne
Wayne Area MH/DD/SA Program
301 N. Herman Street, Box DD
Goldsboro, N.C. 27530
Tel. (919) 731-1133
Area Director: Mr. Liston G. Edwards

Wilson, Green
Wilson-Greene Area MH/DD/SA Program
1709 S. Tarboro Street
P.O. Box 3756
Wilson, N.C. 27893
Tel. (919) 399-8021
Area Director: Mr. John White

APPENDIX E

OREGON'S PROPOSED PROGRAM STANDARDS FOR TREATMENT OF WOMEN

PROPOSED STANDARDS FOR TREATMENT OF WOMEN FROM OREGON

This paper is a first attempt to set down guidelines toward providing better services to women within our existing treatment system. All-women facilities are needed in Oregon, but change within our current system must also begin. We cannot use the lack of specialized treatment services and resources as a convenient excuse for perpetuating belief systems and program structures that work against women's recovery.

Although more all-women programs exist than 10 years ago, their ability to reach the majority of women in need of assistance is limited by geography and size. In fact, their very existence may reduce the pressure within the overall system of services to examine and revise basic assumptions and practices.

For All Programs

(1) Every program will have a written policy and implementation procedure on sexual harassment that applies to both staff and clients. The policy will be:

   (a) Discussed fully in every client and new staff orientation session;

   (b) Reviewed and discussed at least annually with all staff; and

   (c) Prominently posted.

(2) Every program will have a written policy and implementation procedure for incorporation of material about women's status within the general culture and its effects on women's addiction and recovery into the program's treatment activities and staff training.

(3) Staff who work with women must demonstrate competency through training, education, or experience in the treatment of women to include:

   (a) Female patterns of alcoholism and drug dependence and how those patterns differ from those in males;

   (b) Gender socialization and how it permeates our culture, defines our roles, and influences administrative and treatment decisions;

(c) Counseling techniques relevant to women's needs and patterns of abuse;

(d) Co-dependency and its relationship to women's addiction and recovery; and

(e) Ability to access and work with agencies outside the treatment program.

For Outpatient Programs

(1) A female counselor trained in women's issues must be available to women clients for intake and assessment.

(2) Services for women should be administered and delivered by trained female staff.

(3) Since many women may need some practical assistance before treatment can even begin, programs must provide:

(a) Non-threatening child care arrangements either through the program itself or through networking with other agencies and groups; and

(b) Transportation services when appropriate.

(4) The facility must provide for the safety and privacy of women.

(5) Treatment services for women must include:

(a) Individual counseling with staff persons who are sensitive to women's needs and strengths and who are knowledgeable about female patterns of alcoholism and drug dependence;

(b) Group counseling in an all-female setting, either within the program or by networking with other treatment programs;

(c) Counseling that focuses on the importance of relationship in women's lives; and

(d) Counseling and referral on issues of particular importance to women's recovery, including sexual and physical abuse; co-dependency and self-reliance; patterns of learned helplessness; grief, depression, and anger; and eating disorders.

(6) After care and referral services: Both the treatment plan and the continuing care plan will

include referral to appropriate services. In addition to the vocational, recreational, and educational services commonly sought for men, women may need:

(a) Legal services (child custody, domestic violence);

(b) Financial assistance (AFS, food stamps, housing);

(c) Coping skills;

(d) Health and mental health services;

(e) Parenting training and support;

(f) Ongoing therapy and support for problems identified during treatment; and

(g) Referral to AA, NA, Al-Anon, Women for Sobriety, and other self-help groups with emphasis on availability of women groups and women-only alternatives.

For Residential Programs

Standards are the same as for outpatient programs with these additions:

(1) A women counselor or aide must be present 24 hours a day.

(2) Bedroom, restroom, and lounge areas physically separated from those for men must be available for women.

For Detoxification Programs

(1) Women's detoxification services must, wherever possible, be physically separate from men's.

(2) When this is not possible, the program will have a written policy detailing how the program will ensure the privacy and safety of both sexes within the detoxification facility.

(3) A women counselor or aide must be present 24 hours a day when women clients are in the facility.

(4) A female counselor trained in women's issues must be available to women clients for intake and assessments.

APPENDIX F

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